Division of Health Service Pegulation

DIVISION	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			71. 201231110.	••		
		HAL005015	B. WING		09/1	3/2016
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FOREST	RIDGE		NGE PARK D FFERSON, N			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of Biennial (Harrell on 9-13-201	Construction Survey by Dennis 6.				
	indicates that the fa submitted for licens residents. Based or requiring the facility for the Licensing of portions of the 2008 Home of Seven or Edition of the North	e Master File and LTI acility was first licensed or sure on 07-12-2002, for 60 a this information, we are to meet the the 1996 Rules Adult Care Homes, applicable 5 Regulations for Adult Care More Beds, and the 2002 a Carolina State Building Code, itutional Occupancy I-2.				
C 166	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND	C 166			
	facilities. This Rule is not me Based on observati was installed level version machine drain lines least 2 inches above					
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	SECTION 0300 - F	PHYSICAL PLANT				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

10A NCAC 13F .0309 PLAN FOR

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 (X3) DATE COMP		SURVEY LETED
		HAL005015	B. WING		09/1	3/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FOREST	RIDGE		GE PARK D			
0(4) ID	CHMMADV CTA	TEMENT OF DEFICIENCIES	FFERSON, N		ON	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 185	Continued From pa	ge 1	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishes social services ann include the date an shift, staff members description of what (f) This Rule shall a facilities. This Rule is not me Based on a review	earsals shall be maintained ed to the county department of ually. The records shall d time of the rehearsals, the spresent, and a short the rehearsal involved. apply to new and existing et as evidenced by: of documents, the only nsite included no description				
C 189	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	and all fire safety, electrical, cumbing equipment in an adult maintained in a safe and apply to new and existing acception of Paragraph (e) ly to existing facilities.	C 189			
	Based on observation prevented from close resist the passage doors that do not cl	on, corridor doors are sing quickly and latching to of fire and smoke. Corridor ose completely and latch lity that a fire that begins in				

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01	(X3) DATE SURVEY COMPLETED
	HAL005015	B. WING	09/13/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE	

FOREST RIDGE

151 VILLAGE PARK DRIVE WEST JEFFERSON, NC 28694

FORES	WEST J	EFFERSON, N	C 28694	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 2 one space can quickly spread to the corridor and the remainder of the facility. Findings include; a. The doors to bedrooms 115, 214, 219 and 22 would not latch when closed. b. The living room door was blocked from closong quickly with furniture.			
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could effect all occupants of the facility. Finding includes: There was a portable electric heater found in the Business office.			

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